

FOOD STAMP NOTICE OF DISQUALIFICATION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE : _____
CASE NAME : _____
NUMBER WORKER NAME : _____
NUMBER : _____
TELEPHONE : _____
ADDRESS : _____

(ADDRESSEE)

Questions? Ask Your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is taking the following action because _____ did not follow the Food Stamp work rules.

As of _____,

- ☐ _____ is denied receipt of Food Stamps.
- ☐ _____ is disqualified from the Food Stamp Program.
- ☐ The amount of your household's food stamps will be changed from _____ to _____.
- ☐ Other _____

To get Food Stamps again, _____ must be eligible. To be eligible, that person must:

- Be exempt from the Food Stamp work rules, or
 - Take action to end the disqualification or denial.
- ☐ You can take action at any time to end this disqualification
- ☐ You can only take action after _____ to end this disqualification.
- You can end this disqualification at any time if you become exempt from the work rules.

If your household had other changes you will get another notice.

WHY FOOD STAMPS ARE BEING STOPPED OR DENIED	HOW TO GET FOOD STAMPS
<input type="checkbox"/> Didn't keep an appointment/ Didn't give us information we asked for.	Call us/ Give us the information.
<input type="checkbox"/> Didn't go to a job.	Go to a job if it is still available or go to another job when sent.
<input type="checkbox"/> Turned down a job.	Take the job if it is still there or find another job. The other job must either be at least 30 hours per week, or pay as much per week as: <ul style="list-style-type: none">• The job you turned down, or• The Federal minimum wage times 30.
<input type="checkbox"/> Changed the number of hours worked to less than 30 hours per week.	Increase the hours worked to at least 30 hours per week.
<input type="checkbox"/> Quit a job.	Get the job back if it is still open, or find another job with at least the same pay or hours as the one quit.
<input type="checkbox"/> Didn't go on a job search, work assignment, to school, or to training.	Start doing the assignment we give you. Call or see us. We will tell you what to do.
<input type="checkbox"/> Other.	

The person listed above may also need to meet the Able-Bodied Adult Without Dependents (ABAWD) work rule. If that person is ineligible for food stamps because they have not met that rule for enough months to keep getting food stamps, another notice will be sent telling them what they need to do to get food stamps again.

RULES: These rules apply. You may review them at your welfare office.

MPP ☐ 63-407 ☐ 63-408 ☐ Other _____